

## **EXHIBIT A**

MCCUNE - LEONARD

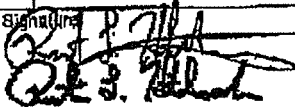
**COPY**

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Report Number

**Arkansas Uniform Motor Vehicle Collision Report****230707305**

<b>SUMMARY</b>	Date <b>7/29/2007</b>	Day <b>SUNDAY</b>	Time <b>02:00 PM</b>	Time Notified <b>02:00 PM</b>	Time Arrived <b>02:28 PM</b>	Unit Assigned <b>A66</b>	District
	Road/Street/Highway <b>US 65</b>			Latitude	Longitude	Section <b>9</b>	Log Mile <b>2.04</b>
	At Intersection With			Not at Intersection, But <b>2 Ft</b>	Direction <b>SOUTH</b>	Of Reference Point <b>BRIDGE, LOG MILE 2.04</b>	
	County <b>FAULKNER</b>	County GLC <b>AR 05 045</b>	City	City GLC			
<b>ENVIRONMENT</b>	Hit and Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not in City, But <b>2.04 MI</b>	Direction <b>SOUTH</b>	Of Reference City <b>DAMASCUS</b>	Speed Limit Posted <b>YES</b>	Speed Limit <b>55</b>	Speed Limit 2
	Number of Vehicles <b>2</b>		Number of Carriers <b>0</b>	Number of Pedestrians <b>0</b>	Number of Witnesses <b>3</b>	Number of Property Owners <b>0</b>	
	Atmospheric Conditions <b>CLEAR</b>		Light Conditions <b>DAYLIGHT</b>		Accident Locals <b>RURAL</b>		
	Surface Conditions <b>DRY</b>		Road System <b>U.S. HIGHWAY</b>		Road Surface <b>CONCRETE</b>		
<b>ENVIRONMENT</b>	Road Alignment <b>STRAIGHT</b>		Road Profile <b>GRADE</b>		Traffic Lanes(4) <b>4</b>	Traffic Flow <b>NOT DIVIDED</b>	
	Construction/Maintenance Zone <b>NO</b>		Roadway Defects <b>NO DEFECTS</b>				
	Relation to Junction <b>NON-JUNCTION</b>		Traffic Controls <b>TRAFFIC LANES MARKED</b>				
	Traffic Control Devices <b>FUNCTIONING PROPERLY</b>		Type of Collision <b>REAR END</b>			Fire Occurrence <b>NO FIRE OCCURRENCE</b>	
Rank <b>TRP</b>	Officer - Last Name <b>HITCHCOCK</b>		Officer - First Name <b>RUSTIN</b>		Officer - MI <b>L</b>	Officer - Suffix	
Officer - Signature 		Officer - Badge Number <b>10</b>		Officer - Department <b>ASP - TROOP A</b>			
		Reviewing Officer <b>SAL [Signature] 8/1/07</b>		Date Filed <b>30-Jul-07</b>	Photos <b>YES</b>		
Rank <b>SGT</b>	Supervisor - Last Name <b>LEWIS</b>		Supervisor - First Name <b>SIEGFRIED</b>		Supervisor - MI	Supervisor - Suffix	
Supervisor - Signature		Supervisor - Badge Number <b>533</b>		Supervisor - Department <b>ASP - TROOP A</b>		Supervisor Da	

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DRIVER 1	Driver - Last Name <b>MCCUNE</b>			Driver - First Name <b>CARMEN</b>			Driver - MI <b>H</b>		Driver - Suffix		Driver - Telephone #			
	Driver - Address <b>8201 LAMBEAU CT</b>			Driver - City <b>MCKINNEY</b>			Driver - State <b>TX</b>		Driver - Zip Code <b>75070</b>					
	Driver - License Number <b>03093410</b>		DL State <b>TX</b>	DL Endorse. 	DL Class <b>C</b>	DL Restrictions 	Driver - Date of Birth <b>1/31/1982</b>		Driver - Race <b>CAUCASIAN</b>		Driver - Sex <b>FEMALE</b>			
	Driver - Ejection Code <b>NOT EJECTED</b>			Driver - Injury <b>INCAPACITATING INJURY</b>				Air Bag <b>DEPLOYED AIRBAG</b>						
	Driver - Safety Equipment <b>LAP AND SHOULDER BELT</b>													
	Driver - Vision Obscured <b>NOT OBSCURED</b>													
	Test Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Test Type(s) <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Toxicology		Driver - Condition <b>APPEARED NORMAL</b>									
					Driver - Impairment <b>NONE</b>									
	Blood/Breath/Urine Results <b>PENDING FROM STATE CRIME LAB</b>													
VEHICLE 1	Owner - Last Name <b>MCCUNE</b>			Owner - First Name <b>CARMEN</b>			Owner - MI <b>H</b>		Owner - Suffix					
	Owner - Address <b>8201 LAMBEAU CT</b>			Owner - City <b>MCKINNEY</b>			Owner - State <b>TX</b>		Owner - Zip Code <b>75070</b>					
	License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year <b>2005</b>	Make <b>FORD</b>	Model <b>EXPLORER</b>			Plate - Year <b>2005</b>	Plate - State <b>TX</b>	Plate - Number <b>31WPK2</b>					
	Vehicle - Body <b>SPORT UTILITY</b>		Vehicle - Color 1 <b>BLACK</b>		Vehicle - Color 2		Vehicle Identification Number <b>1GMZY67K155UA70348</b>							
	Insurance - Company Name <b>TRAVELERS</b>			Insurance - Policy Number <b>8788225391221</b>			Number of Passengers <b>2</b>		Multi-Pass Reqd. <b>NO</b>					
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)													
	Trailer(s) Attached <b>NO</b>		Number of Trailers		Registration State		Plate Number							
	<b>Vehicle Damage</b>						Estimated Damage <b>\$12,000.00</b>							
	Point of Initial Contact  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>TRAILER</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> -- TOP <input type="checkbox"/> &gt; <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> Unknown </div> <div style="text-align: center;"> <b>CAR</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> -- TOP <input type="checkbox"/> &gt; <input checked="" type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> Undercarriage </div> </div>						Direction of Travel <b>SOUTH</b>						Vehicle Action <b>GOING STRAIGHT</b>	
	Collision Damage <b>DISABLED</b>						First Harmful Event <b>ON ROADWAY</b>							
First Harmful Collision With <b>MV IN TRANSPORT</b>						Contributing Factors <b>CARELESS PROHIBITED DRIVING</b>								
Collision with fixed object <b>NO COLLISION WITH FIXED OBJECT</b>						Prior Vehicle Damage <b>NO</b>								
Vehicle Defects <b>UNKNOWN</b>						Damage Location								
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service <b>ECONOMY TOWING</b>				Address Vehicle Removed To <b>204 SOUTH BROADVIEW</b>								
		City Vehicle Removed To <b>GREENBRIAR</b>				State Vehicle Removed To <b>AR</b>		Zip Vehicle Removed To <b>72088</b>						
Injury Transported <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified <b>02:06 PM</b>		EMS Arrived <b>02:28 PM</b>		Transported By <b>MEMS</b>								
		Hospital Name <b>CONWAY REGIONAL MED CTR</b>				Hospital City <b>CONWAY</b>		Hospital State <b>AR</b>						

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700 例

DAMASCUS PD

01/05/2010 18:40 FAX 5013357206

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PASSENGER 1	Passenger - Last Name		Passenger - First Name		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1
	Passenger - Address 6201 LAMBEAU CT		Passenger - City MCKINNEY		Passenger - State TX	Passenger - Zip Code 75070	
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN		Passenger - Sex FEMALE
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED		Injury Code INCAPACITATING INJURY
Injury Transported <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 02:06 PM		EMS ARRIVED 02:20 PM		TRANSPORTED BY MED-FLIGHT	
		HOSPITAL NAME ARKANSAS CHILDREN'S HOSPITAL		HOSPITAL CITY LITTLE ROCK		HOSPITAL STATE AR	
PASSENGER 2	Passenger - Last Name		Passenger - First Name		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1
	Passenger - Address 6201 LAMBEAU CT		Passenger - City MCKINNEY		Passenger - State TX	Passenger - Zip Code 75070	
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN		Passenger - Sex MALE
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used CHILD RESTRAINT		Ejection Code NOT EJECTED		Injury Code INCAPACITATING INJURY
Injury Transported <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 02:06 PM		EMS ARRIVED 02:20 PM		TRANSPORTED BY MED-FLIGHT	
		HOSPITAL NAME ARKANSAS CHILDREN'S HOSPITAL		HOSPITAL CITY LITTLE ROCK		HOSPITAL STATE AR	
WITNESS 1							
Witness - Last Name CUMMINGS		Witness - First Name JENNIFER		Witness - MI R	Witness - Suffix		
Witness - Address 3000 GEMSTONE CORE		Witness - City SHERWOOD		Witness - State AR	Witness - Zip Code 72120		
WITNESS 2							
Witness - Last Name LIPSM		Witness - First Name ROBERT		Witness - MI E	Witness - Suffix		
Witness - Address 82 OAKRIDGE DR		Witness - City BIGELOW		Witness - State AR	Witness - Zip Code 72016		
WITNESS 3							
Witness - Last Name JACKSON		Witness - First Name BOBBY		Witness - MI C	Witness - Suffix		
Witness - Address 8931 HWY 8		Witness - City MALVERN		Witness - State AR	Witness - Zip Code 72104		
Narrative							
V1 OPERATED BY MCCUNE AND V2 OPERATED BY LEONARD WERE TRAVELING SOUTH BOUND ON US 85 IN THE #1 LANE APPROACHING BATESVILLE CREEK BRIDGE, LOG MILE 2.04, V1 WAS TRAVELING BEHIND V2.							
WHILE APPROACHING THE BRIDGE V2 MERGED FROM THE WEST SIDE SHOULDER OF US 85 INTO THE #1 LANE. V1 WHO WAS DRIVING IN A CARELESS MANNER, FAILED TO SEE V2 IN THE #1 LANE. THE FRONT OF V1 STRUCK THE REAR OF V2.							
V1 TRAVELED 20 FT 11 IN AFTER IMPACT COMING TO FINAL REST IN THE #1 LANE. AFTER IMPACT V2 TRAVELED 163 FT 2 IN AND ROLLED LANDING UP SIDE DOWN COMING TO FINAL REST IN THE #1 LANE FACING SOUTHWEST.							

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## Arkansas Uniform Motor Vehicle Collision Report

Diagram / Photo 1



NOT TO SCALE

BRIDGE 65-9  
LOG MILE 2.04

A=RP  
NOTE RP IS LOCATED ON THE  
SOUTH BOUND FOG LINE OF  
BRIDGE 65-9,  
AT LOG MILE 2.04.

B=RR OF V1: 20' 11" SOUTH / 1' 3"  
EAST.

C=RF OF V1: 35' 2" SOUTH / 2' 4"  
EAST.

D=RR OF V2: 161' 3" SOUTH

E=RF OF V2: 163' 2" SOUTH

F=P.O.I: 1.9 FT SOUTH / 4' 6" EAST

G=P.O.I: 1.5 FT SOUTH / 7' 2"  
EAST.

